

CITY COUNCIL REPORT



Meeting Date: June 17, 2014
General Plan Element: ***Land Use***
General Plan Goal: ***Support a diversity of businesses.***

ACTION

Beer and Wine Store Liquor License Request for Sprouts Farmer's Market 49-LL-2014. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Series 10 (beer and wine store liquor license) State liquor license for a new location and new owner.

OWNER

SF Markets, LLC

APPLICANT CONTACT

Randy Nations

LOCATION

23269 N Scottsdale Rd

BACKGROUND

This request is for a Series 10 (beer and wine store) liquor license. This is a new location in the Silverstone Retail Development.

The distance to the nearest school, Pinnacle Peak Elementary, is 2,755 feet.

The distance to the nearest religious facility, Via De Cristo Church, is 1,300 feet.

See Attachment #3 for number and graphic representation of licenses within a one half-mile radius of this location.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 10 (beer and wine store liquor license) liquor license. This allows a liquor store retailer to sell beer and wine, only in the original package, to be taken away from the premises of the retailer and consumed off the premises.

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.b. were received during the 20 (twenty) day posting period.

OTHER LICENSES & PERMITS

Financial Management

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituos Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

IMPACT ANALYSIS

Current Planning Department Development Information.

This establishment is 26,303 sq. ft. in size.

Zoning.

This site is zoned Central Business District Planned Community District (C-2 PCD). The C-2 PCD district allows retail sales.

Parking.

A total of 88 spaces are required for this use and 250 spaces are required for the shopping center. A total of 487 spaces are provided in the shopping center. Parking is in compliance with the zoning ordinance.

Public Safety Division

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time in relation to the liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4.-203.A Granting a License for a New Owner for a Certain Location.

A spirituous liquor license shall be issued only after satisfactory showing of the capability,

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant.

A.R.S. Section 4-112.B.1; R19-1-102 Criteria for Granting a License for a Certain Location

The local governing authorities and the Department of Liquor Licenses & Control may consider the following criteria in determining whether public convenience requires and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

1. Petitions and testimony from persons who are in favor of or opposed to the issuance of a license, and who reside in, own or lease property in close proximity.
2. The number and series of licenses in close proximity.
3. Evidence that all necessary licenses and permits have been obtained from the state and all other governing bodies.
4. The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
5. Residential and commercial population density in close proximity.
6. Evidence concerning the nature of the proposed business, its potential market, and its likely customers.
7. Effect on vehicular traffic in close proximity.
8. The compatibility of the proposed business with other activity in close proximity.
9. The effect or impact of the proposed premises on business or the residential neighborhood whose activities might be affected by granting the license.
10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the Board.
11. Comparison of the hours of operation of the proposed premises to the existing businesses in close proximity.
12. Proximity to licensed childcare facilities as defined by A.R.S. 36-881.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining that the community's best interest is substantially served by the issuance of the liquor license and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)

Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov
Planning, Neighborhood and Transportation Division

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Planning, Neighborhood and Transportation Director, rkeagy@scottsdaleaz.gov
Planning, Neighborhood and Transportation

APPROVED BY

Tim Curtis, AICP, Current Planning Director
312-4210 tcurtis@scottsdaleaz.gov

 5/22/2014

Randy Grant, PNT Administrator
312-2664, rgrant@scottsdaleaz.gov

 5/26/14

ATTACHMENTS

- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: Graphic – Liquor License Locations Within Half-Mile
- #4: City of Scottsdale Applicant Questionnaire
- #5: State Application



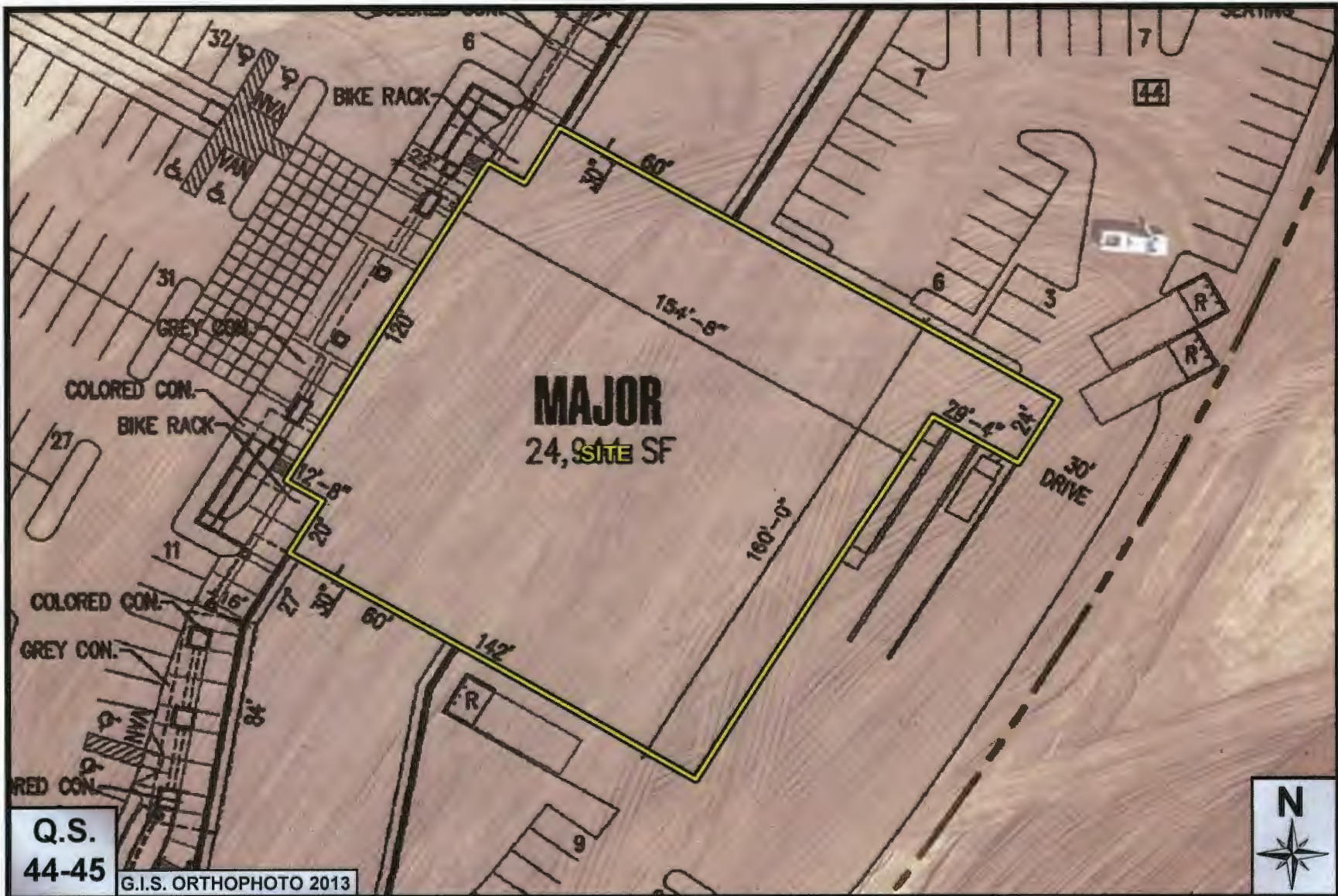
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44-45

G.I.S. ORTHOPHOTO 2013

49-LL-2014

Sprouts Farmers Market

ATTACHMENT #1



49-LL-2014

Sprouts Farmers Market

ATTACHMENT #2

Liquor Licenses Within A Half-Mile Radius of 23269 N Scottsdale Rd.



Legend



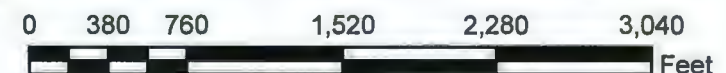
Licensed Locations, Count by Series Within a half-mile radius of site



Date: 5/19/2014

Total Licenses in Half-Mile Buffer = 10

Note: Liquor License location information is from the Arizona Dept. of Liquor Licenses and Control, and may not represent the exact location of establishments. Data is updated regularly and this map is sometimes printed weeks prior to City Council meetings.



49-LL-2014

Attachment #3



Liquor License Questionnaire

(Retail/Wholesale Operations Series 4,9,10)

Please complete all questions and return within 3 business days.

Name of Business: Sprouts Farmers Market #29

Business Address: 23269 N. Scottsdale Rd. Scottsdale, Arizona 85255

Type of Business (wholesale, retail) Retail

Total Gross Square Footage of Establishment: 26,303

Was there a previous business at this location? ☒ Yes ☐ No

If **yes**, list the previous business: Rawhide Western Theme Park

Was liquor sold at this location prior to this application? ☐ Yes ☒ No

If **yes**, what type of license? _____

Is this business currently open? ☐ Yes ☒ No

If **yes**, is this business operating with an interim license? ☐ Yes ☐ No

If **no**, what is the proposed opening date? _____

Is this business under construction? ☒ Yes ☐ No

Is this being remodeled? ☐ Yes ☒ No

How many parking spaces are allocated to your business? Multiple

Does this business have a drive thru window? ☐ Yes ☒ No

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

1. I have the capability, qualifications and reliability to hold a liquor license because:
We are very strict with our beer and wine sales policy. Our employees go through liquor law training and we conduct audits to ensure they comply.
2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:
This would allow the customers a "one stop shop" as we are a full service market.
3. Please describe your business:
We a full service healthy foods grocery store.

Planning, Neighborhood and Transportation Division

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088



Liquor License Questionnaire

(Retail/Wholesale Operations Series 4,9,10)

Please complete all questions and return within 3 business days.

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated Improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: Miranda Bustamante

Signature: *Miranda Bustamante*

Date: 05/08/14

Submit

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

49-LL-2014

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively ~~involved~~ in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT *Complete Section 5*
☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☒ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): 10076534

1. Type of License(s): Series 10

2. Total fees attached:

\$ 100.00

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

- ☒ Mr. ☐ Ms. Nations Randy D.
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: SF Markets, LLC (FN)
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Sprouts Farmers Market #29
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 23269 N. Scottsdale Rd. Scottsdale Maricopa 85255
(Do not use PO Box Number) City County Zip
5. Business Phone: Pending Daytime Phone: 480-730-2675 Email: miranda@azlic.com
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: PO Box 2502 Chandler Arizona 85244
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: 100.00
Application Interim Permit Site Inspection Finger Prints \$ 100.00
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: EW Date: 5.2.14 Lic. # 10076534

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X _____
(Signature)

My commission expires on: _____

State of _____ County of _____
The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Day Month Year

(Signature of NOTARY PUBLIC)

14 MAY 2 11:11 AM '04

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- ☐ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.
☒ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: SF Markets, LLC (FN)
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 03/04/11 State where Incorporated/Organized: Delaware
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: R-1664007-8 Date authorized to do business in AZ: 03/09/11
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
Sprouts Farmers Markets Holdings LLC			Man Mem	11811 N. Tatum Blvd. #2400 Phoenix, Arizona	85028		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
Sprouts Farmers Markets Holdings LLC			100%	11811 N. Tatum Blvd. #2400 Phoenix, Arizona	85028		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

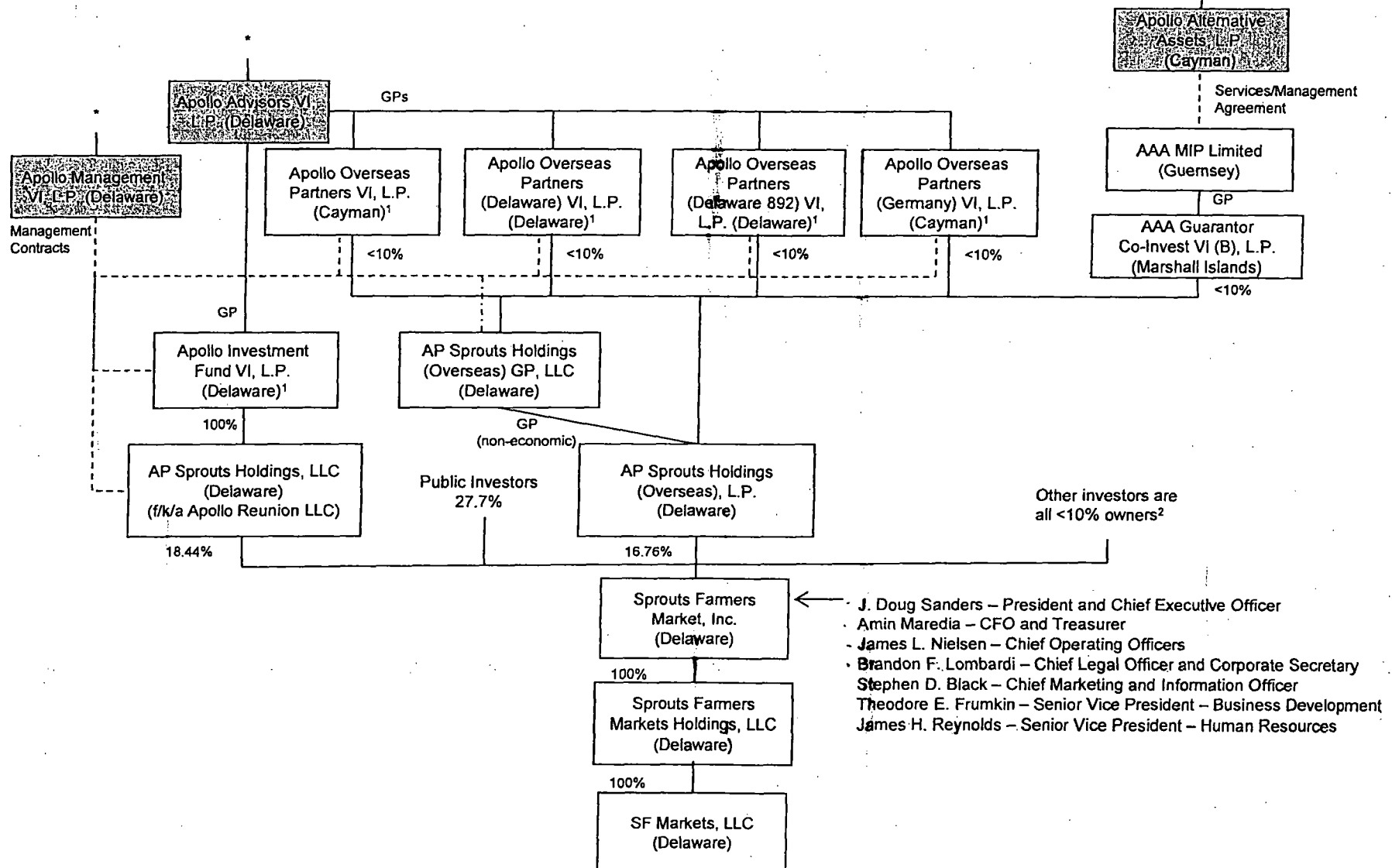
1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Apollo/Sprouts Structure Chart

Privileged & Confidential
As of December 2, 2013



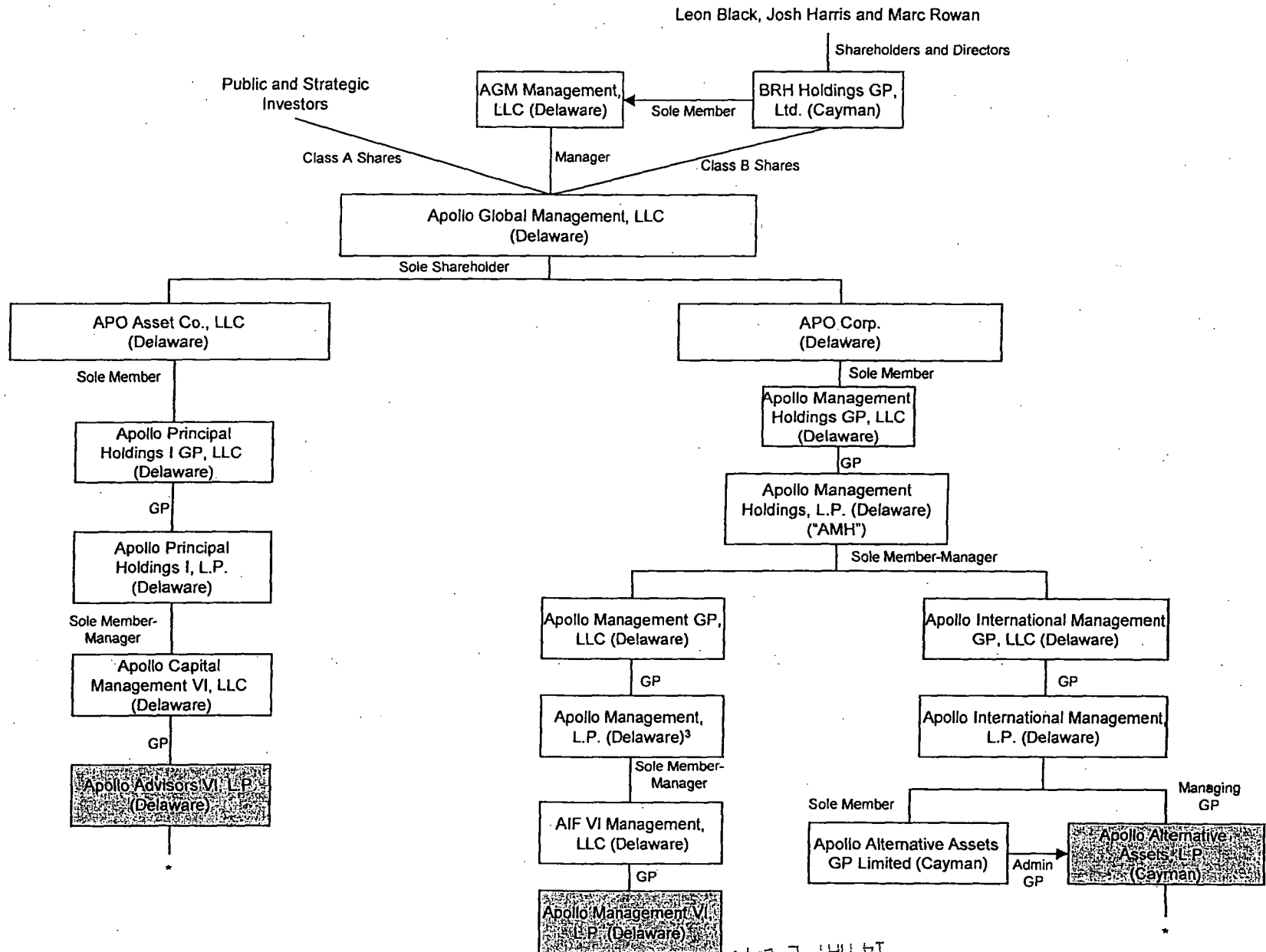
***See Page 2 for Upper Tier Ownership**

¹ No individual investor holds a 10% or greater interest in Apollo Overseas Partners VI, L.P.; Apollo Overseas Partners (Delaware) VI, L.P.; Apollo Overseas Partners (Delaware 892) VI, L.P. and Apollo Overseas Partners (Germany) VI, L.P. in the aggregate.

² Certain other Apollo-affiliated entities, each with less than 10% ownership interest in Sprouts Farmers Market, Inc., are not depicted.

Apollo/Sprouts Upper Tier Structure Chart

Privileged & Confidential
As of December 2, 2013



*See Page 1 for subsidiaries

³Apollo Management, L.P. is an investment adviser registered under the U.S. Investment Advisers Act of 1940, as amended.

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street _____
(Other than business) City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 3,907 ft. Name of school Pinnacle Peak Elementary School
Address 7690 E. Williams Dr. Scottsdale, Arizona 85255
City, State, Zip _____
2. Distance to nearest church: 3,854 ft. Name of church Episcopal Church The Nativity
Address 22405 N. Miller Rd. Scottsdale, Arizona 85255
City, State, Zip _____
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name RHVT Limited Partnership
Address 1550 East Missouri Avenue Suite 300 Phoenix, AZ 85014
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ 44,100.00 What is the remaining length of the lease 15 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other Still owe term
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Grocery store

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:

License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows | <input type="checkbox"/> Drive-in windows | <input type="checkbox"/> Non Contiguous |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☒ YES ☐ NO
If yes, what is your estimated opening date? 08/01/14
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.


applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

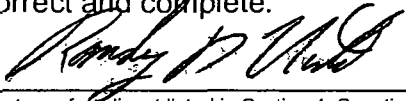
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

Diagram attached

JAN 14 2 14 PM '14

SECTION 16 Signature Block

I, Randy D. Nations, hereby declare that I am the OWNER/AGENT filing this
(print full name of applicant)
application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

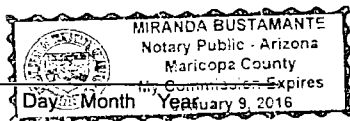
X 
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Maricopa

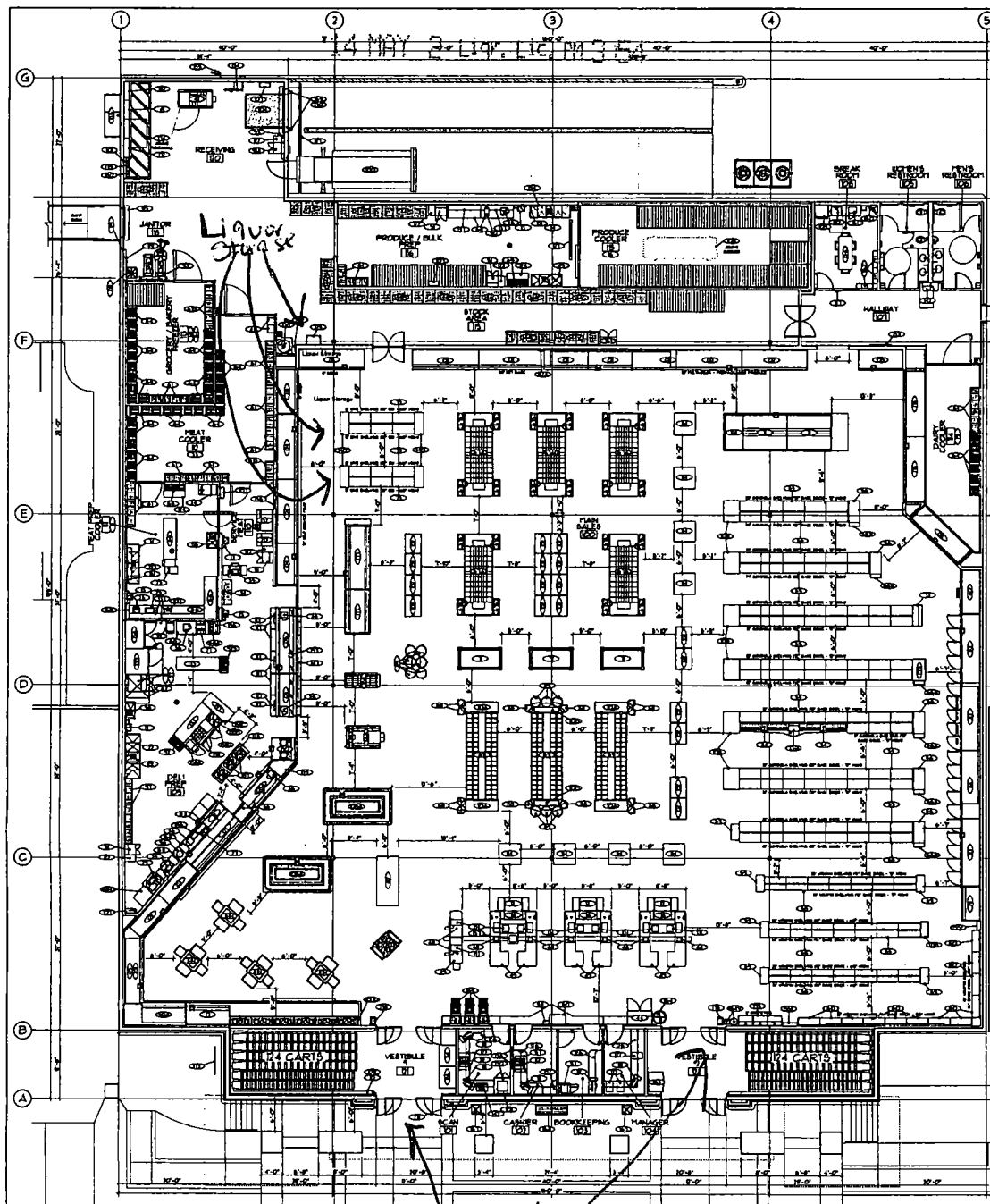
The foregoing instrument was acknowledged before me this

1st of May, 2014
Day Month Year

My commission expires on :




signature of NOTARY PUBLIC



PROJECT DATA			EQUIPMENT LIST:			320102471
GROSS BLDG. SF	76,303 SQ. FT.					COPYRIGHT NOTICE: This drawing and contents are the property of Fitch, Inc. and are not to be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written permission of Fitch, Inc. All rights reserved.
SALES AREA SQ. FT.	6,854 SQ. FT.					
	PROT. LINEALS	ACTUAL LINEALS				SCOTTSDALE, AZ Pinnacle Peak Rd. See Scottsdale, AZ 85254
GROCERY						CONTACT NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
GROCERY SHELVING	366 L.F.	366 L.F.				
GROCERY SHELVING END CAP	36 L.F.	36 L.F.				REVISIONS: 1. REVISED FUTURE PLAN DUE TO BUILDING SHELL INCREASE IN SIZE 2. REVISED EQUIPMENT LIST 3. REVISED EQUIPMENT LIST
TOTAL L.F.	402 L.F.	402 L.F.				
VITAMIN						DRAWN BY: CTH PROJECT NUMBER: 320102471 SHEET: F1.0
VITAMIN SHELVING LOW	144 L.F.	144 L.F.				
VITAMIN SHELVING HIGH	36 L.F.	36 L.F.				HILL PHOENIX FIXTURE PLAN - SCHEME 4F
VITAMIN END CAPS	8 L.F.	8 L.F.				
COSMETICS SHELVING	8 L.F.	8 L.F.				
PHARMACY COOLER	32 L.F.	32 L.F.				
TOTAL L.F.	180 L.F.	180 L.F.				
PRODUCE						
PRODUCE REACH-IN DOOR CASES	20 DR.	20 DR.				
PRODUCE END CAPS	32 L.F.	32 L.F.				
TOTAL L.F.	6 L.F.	6 L.F.				
DAIRY						
MULTI-DECK CASE REAR FILL	44 L.F.	44 L.F.				
MULTI-DECK CASE FRONT FILL	36 L.F.	36 L.F.				
COLD BEVERAGES	36 L.F.	36 L.F.				
TOTAL L.F.	116 L.F.	116 L.F.				
BAKE						
BAKE BAK	36 L.F.	36 L.F.				
COFFEE	36 L.F.	36 L.F.				
TOTAL L.F.	72 L.F.	72 L.F.				
PRODUCE						
PRODUCE NET RACK	40 L.F.	40 L.F.				
PRODUCE PACKAGED	32 L.F.	32 L.F.				
TOTAL L.F.	72 L.F.	72 L.F.				
DEPT						
SERVICE MEAT CASE	0 L.F.	0 L.F.				
PRODUCE MEAT CASE	40 L.F.	40 L.F.				
SELF SERVICE MEAT CASE	32 L.F.	32 L.F.				
TOTAL L.F.	72 L.F.	72 L.F.				
SEAFOOD						
SERVICE SEAFOOD CASE	8 L.F.	8 L.F.				
SEAFOOD CASE	32 L.F.	32 L.F.				
TOTAL L.F.	40 L.F.	40 L.F.				
DELI						
SERVICE DELI CASE	8 L.F.	8 L.F.				
SELF SERVICE DELI CASE LOW	32 L.F.	32 L.F.				
SELF SERVICE DELI CASE HIGH	32 L.F.	32 L.F.				
CHEESE ISLAND CASE	24 L.F.	24 L.F.				
TOTAL L.F.	96 L.F.	96 L.F.				
BAKERY						
BAKERY TABLES	4 TABLES	4 TABLES				
REFRIGERATED BREAD	8 L.F.	8 L.F.				
BAKERY SHELVING	32 L.F.	32 L.F.				
TOTAL L.F.	40 L.F.	40 L.F.				
BEER / WINE						
ONE SHELVING	36 L.F.	36 L.F.				
COLD BEER	36 L.F.	36 L.F.				
TOTAL L.F.	72 L.F.	72 L.F.				

SPROUTS
FARMERS MARKET
SCOTTSDALE, AZ

FITCH
ADDITCH, INC.
320102471
SCOTTSDALE, AZ
FUTURE PLAN
SCHE 4F
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